

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013910

1. Entity Name

JEFFREY T. BERK V.M.D., P.A.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90078 006 ***158.75

Principal Place of Business

6200 S W 27TH AVE
OCALA FL 34476
US

Mailing Address

4825 NW HWY 225A
OCALA FL 34482-6742
US

00045145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4825 N.W. HWY 225A

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

4. FEI Number

59-2531615

Applied For

Not Applicable

Zip

34482-6742

Country

US

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERK, JEFFREY
8805 S W 27TH AVE
OCALA FL 34476

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4825 NW HWY 225A

City

OCALA

FL

Zip Code
34482-6742

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME BERK, JEFFREY T
STREET ADDRESS 8805 S W 27TH AVE
CITY-ST-ZIP Ocala FL

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-00

CR2E034 (9/99)